



# **Standards for Patient-Centered Medical Home (PCMH) 2011**

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## **The PCMH Advisory Committee**

NCQA began planning for the next version of the PPC-PCMH standards shortly after the original standards were released in January 2008. From the release date, we solicited, received and catalogued suggestions for future modifications. In the latter half of 2009, we created the PCMH Advisory Committee, a diverse, 22-member committee composed of practice, medical association, physician group, health plan and consumer and employer group representatives. The committee met throughout 2010 to discuss and analyze draft standards, PPC-PCMH data analysis and public comment results.

The committee was charged with “raising the bar” by emphasizing continuity and coordination of care, making standards and explanations more inclusive of pediatric practices and streamlining the documentation requirements.

The importance of this committee cannot be overstated. Its members gave their time, energy, enthusiasm and a willingness to hear and compromise on opposing perspectives. The PCMH 2011 standards are a reflection of their hard work and collaboration.

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# Overview



## NCQA's Patient-Centered Medical Home (PCMH) 2011

NCQA's Patient-Centered Medical Home (PCMH) 2011 is an innovative program for improving primary care. In a set of standards that describe clear and specific criteria, the program gives practices information about organizing care around patients, working in teams and coordinating and tracking care over time. The new PCMH 2011 standards build on the success of earlier standards and make the program even more responsive to patients' needs. Although the standards have always pointed practices toward using systems—including electronic health records—to support tracking care, the new program aligns closely with many specific elements of the federal program that rewards clinicians for using health information technology to improve quality (Centers for Medicare & Medicaid Services [CMS] Meaningful Use [MU] Requirements).

### Improving Quality of Care by Organizing Care Around Patients

Primary care is a foundation of the health care system. The NCQA PCMH standards reflect elements that make primary care successful. Primary care clinicians are often the first point of contact for an individual; thus, patient access to care is an important issue. Clinicians must have a broad knowledge of many health care conditions and often follow their patients over years; thus, the quality of the clinician/patient relationship and the clinician's ability to track care over time are also important. Many primary care clinicians need to refer patients to specialists; thus, communication among providers is important—and often challenging.

Although the earlier PCMH program addressed many of these issues, PCMH 2011 strengthens and adds to existing elements. We revised the standards to be more clear and more specific, so some practices will find the program more challenging. Through a comprehensive review of new evidence on effective care practices, NCQA Expert Advisory Committee discussions, feedback on our earlier programs and a public comment period, we have taken the program to a new level.

Robust patient centeredness is an important program goal:

- There is a stronger focus on integrating behavioral healthcare and care management
- Patient survey results help drive quality improvement
- Patients and their families are involved in quality improvement.

We have added a new, standardized patient experience survey and an accompanying standardized methodology. Although it is not required, practices that use this survey will receive extra credit. The survey lays the groundwork for broader reporting and benchmarking. It is a tool to track patients' ratings of their care and is available to PCMH program sponsors across the country.

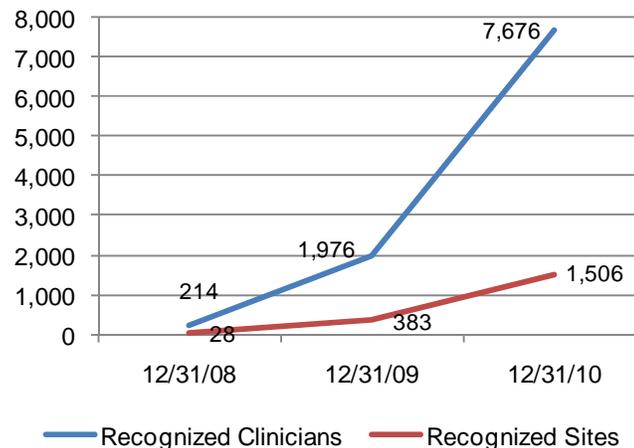
### Coordinating Care and Managing Information

Just as patient centeredness is an integral part of the program, so too is a practice's ability to track care over time and across settings. The amount of clinical information for some patients—particularly those with chronic illnesses—and the fragmented nature of the U.S. health system make this aspect of primary care challenging. Experts agree that health information technology can help clinicians coordinate patient care, but merely having an electronic health record system in a practice is not enough. The health information system itself must be useful, and practices must use it to achieve the goals of coordination and high quality of care.

We recognize that the federal government is making a major investment in encouraging clinicians to use health information technology to improve the quality of care, and where possible we have aligned the PCMH 2011 standards with government laws and regulations. We want to reinforce incentives for clinicians to invest in improving quality.

Another of the PCMH program's strengths is that it clearly communicates an action plan for becoming a patient-centered medical home. The PCMH standards are available on the NCQA Web site at no cost, and we conduct educational programs around the country that discuss the program and how it works. By the end of 2010, participation in one of the two earlier versions of the PCMH program had skyrocketed: more than 7,600 clinicians at more than 1,500 practices across the country had earned PCMH Recognition.

### Growth of NCQA's PCMH Program

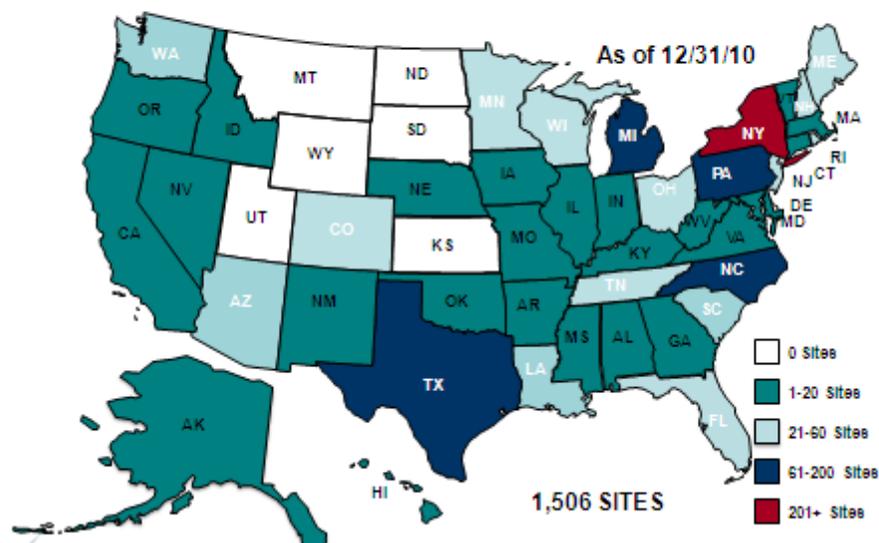


NCQA's PPC-PCMH program is acknowledged as the primary standardized method for evaluating a practice's capability of performing as a patient-centered medical home. Across the country, public and private payers, purchasers and clinicians have created pilot and demonstration programs. Many programs provide financial incentives, such as pay for performance and reimbursement for services beyond the patient visit, which have motivated primary care practices to engage in the transformation that leads to NCQA PPC-PCMH Recognition.

As practices work on system redesign to meet the PPC-PCMH standards, many have noted the effect—both on their practice and on their patients. A few comments from practices:

- "The medical home design will revitalize primary care by improving the efficacy of our efforts while more fairly rewarding its inherent value."
- "The medical home allows physicians to do reliably and consistently the things they want to do anyway."
- "The medical home....[is] just better care, helping patients and staff."

## NCQA Recognized PCMH Sites



### Early Evidence Suggests That PCMH Improves Quality and Returns Savings

The Patient-Centered Primary Care Collaborative recently released a report that summarized findings from PCMH demonstrations (<http://www.pcpcc.net/content/pcmh-outcome-evidence-quality>) and concluded that this body of work shows success in increasing the quality of care and in reducing cost of care on some measures. In the academic literature, a recent article also found reduced use of hospitalization and emergency room visits and overall savings (Fields, Leshen, Patel, 2010). Another study evaluating a PCMH demonstration project in an integrated group practice showed significant improvement in patient and provider experiences and in the quality of clinical care (Reid, 2009). A study of the impact of the PCMH model on costs of care indicated a relationship between practices with established systems/processes and a decreased use of inpatient and emergency care by diabetic patients (Flottemesch, under review).

### PCMH 2011

#### Development

NCQA's goal is that the PCMH standards move transformation of primary care practices forward while ensuring that practices are within reach of a reasonable size, configuration (e.g., solo, multi-site, community health center), electronic capability, population served and location (e.g., urban, rural).

Standard development was a rigorous process that included significant research; input from an engaged, multi-stakeholder advisory committee and from many others; results of an open public comment period; and extensive interviews with NCQA Recognized practices.

## **The Consumer Perspective**

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In developing the PCMH 2011 standards, we were guided by a strong consensus that we must expand the patient-centered perspective. To ensure that we captured this vantage point, the advisory committee included representatives of consumer organizations and researchers working on related patient-centered areas, and we encouraged consumer participation during the public comment process.

## **Public Comment**

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We posted the draft standards on the NCQA Web site and solicited comments from a wide group of stakeholders. We received more than 200 responses from health care providers, health plans, consumer groups and government agencies. There was a high degree of support for the proposed standards, especially the increased emphasis on patient-centered, team-based care coordinated across the health care system.

We also received useful suggestions for further revisions and changes, which we incorporated into the final version of the standards after review by our stakeholder advisory committee and the NCQA Board of Directors. Many organizations expressed interest in using the new standards, including primary care associations, community health centers, the Health Resources and Services Administration (HRSA)/Bureau of Primary Health Care (BPHC), the Veterans Administration, the Department of Defense Tri-Care Services, state-led demonstration projects and multi-payer demonstration projects.

## **The Standards**

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The PCMH 2011 program's six standards align with the core components of primary care.

1. Enhance Access and Continuity
2. Identify and Manage Patient Populations
3. Plan and Manage Care
4. Provide Self-Care and Community Support
5. Track and Coordinate Care
6. Measure and Improve Performance

## **The Must-Pass Elements**

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Six must-pass elements are considered essential to the patient-centered medical home, and are required for practices at all recognition levels. Practices must achieve a score of 50% or higher on must-pass elements:

1. PCMH 1, Element A: Access During Office Hours
2. PCMH 2, Element D: Use Data for Population Management
3. PCMH 3, Element C: Care Management
4. PCMH 4, Element A: Support Self-Care Process
5. PCMH 5, Element B: Track Referrals and Follow-Up
6. PCMH 6, Element C: Implement Continuous Quality Improvement

## Recognition Levels and Point Requirements

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There are three levels of NCQA PCMH Recognition; each level reflects the degree to which a practice meets the requirements of the elements and factors that compose the standards. For each element's requirements, NCQA provides examples and requires specific documentation.

The NCQA Recognition levels allow practices with a range of capabilities and sophistication to meet the standards' requirements successfully. The point allocation for the three levels is as follows.

- **Level 1: 35–59 points and all 6 must-pass elements**
- **Level 2: 50–84 points and all 6 must-pass elements**
- **Level 3: 85–100 points and all 6 must-pass elements**

## Initial Recognition vs. Renewal

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To acknowledge that practices with current NCQA Level 2 or Level 3 Recognition have taken steps toward practice redesign and have systems in place that enabled their recognition level, NCQA offers a streamlined process for renewal through reduced documentation requirements. Practices that satisfactorily demonstrated basic medical home transformation can focus on more advanced aspects of redesign for their renewal applications.

**Note:** *Even though some elements do not require a practice to submit documentation, the practice must be able to produce documentation if it is selected for audit.*

## Optional Recognition for Use of Standardized Patient Experience Survey

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Beginning in January 2012, NCQA will offer additional points based on reporting results from a standardized patient experience survey. This option will require practices to use the Medical Home version of the CAHPS Clinician and Group Survey (currently in development by the research team sponsored by the federal Agency for Healthcare Quality and Research [AHRQ], with collaboration from NCQA). Practices can earn NCQA Distinction for collecting data using the survey and methods and reporting the results to NCQA. Because there are no national data sources for benchmarking performance on patient-experience results using this new tool, results will not initially be publicly reported or used to score practices.

**Table 1: Summary of NCQA PCMH 2011 Standards**

Standard	Content Summary
Enhance Access/Continuity	<ul style="list-style-type: none"> <li>• Patients have access to culturally and linguistically appropriate routine/urgent care and clinical advice during and after office hours</li> <li>• The practice provides electronic access</li> <li>• Patients may select a clinician</li> <li>• The focus is on team-based care with trained staff</li> </ul>
Identify/Manage Patient Populations	<ul style="list-style-type: none"> <li>• The practice collects demographic and clinical data for population management</li> <li>• The practice assesses and documents patient risk factors</li> <li>• The practice identifies patients for proactive and point-of-care reminders</li> </ul>
Plan/Manage Care	<ul style="list-style-type: none"> <li>• The practice identifies patients with specific conditions, including high-risk or complex care needs and conditions related to health behaviors, mental health or substance abuse problems</li> <li>• Care management emphasizes: <ul style="list-style-type: none"> <li>– Pre-visit planning</li> <li>– Assessing patient progress toward treatment goals</li> <li>– Addressing patient barriers to treatment goals</li> </ul> </li> <li>• The practice reconciles patient medications at visits and post-hospitalization</li> <li>• The practice uses e-prescribing</li> </ul>
Provide Self-Care Support/Community Resources	<ul style="list-style-type: none"> <li>• The practice assesses patient/family self-management abilities</li> <li>• The practice works with patient/family to develop a self-care plan and provide tools and resources, including community resources</li> <li>• Practice clinicians counsel patients on healthy behaviors</li> <li>• The practice assesses and provides or arranges for mental health/substance abuse treatment</li> </ul>
Track/Coordinate Care	<ul style="list-style-type: none"> <li>• The practice tracks, follows-up on and coordinates tests, referrals and care at other facilities (e.g., hospitals)</li> <li>• The practice follows up with discharged patients</li> </ul>
Measure/Improve Performance	<ul style="list-style-type: none"> <li>• The practice uses performance and patient experience data to continuously improve</li> <li>• The practice tracks utilization measures such as rates of hospitalizations and ER visits</li> <li>• The practice identifies vulnerable patient populations</li> <li>• The practice demonstrates improved performance</li> </ul>

**Table 2: Integration of PCMH 2011 Development Goals Into Standards**

PCMH 2011 Goals	Goal Integration in the Standards
Increase patient-centeredness	<b>PCMH 1: Enhance Access and Continuity</b> <ul style="list-style-type: none"> <li>• Provide continuity of care with the same provider</li> <li>• Provide information to patients about the medical home</li> <li>• Provide access to care during and after office hours</li> <li>• Provide patient materials and services that meet the language needs of patients</li> </ul>
	<b>PCMH 3: Plan and Manage Care</b> <ul style="list-style-type: none"> <li>• Collaborate with the patient/family to develop and manage a plan of care</li> <li>• Reconcile medication with the patient/family</li> </ul>
	<b>PCMH 4: Provide Self-Care and Community Support</b> <ul style="list-style-type: none"> <li>• Provide resources to support patient/family self-management</li> </ul>
	<b>PCMH 6: Measure and Improve Performance</b> <ul style="list-style-type: none"> <li>• Involve patients/families in quality improvement</li> <li>• Obtain performance data for key vulnerable populations</li> </ul>
Align the requirements with processes that improve quality and eliminate waste	<b>PCMH 3: Plan and Manage Care</b> <ul style="list-style-type: none"> <li>• Conduct medication reconciliation and management</li> <li>• Use electronic prescribing</li> </ul>
	<b>PCMH 5: Track and Coordinate Care</b> <ul style="list-style-type: none"> <li>• Identify patients with hospital admission or emergency department visits</li> </ul>
Increase the emphasis on patient feedback	<b>PCMH 6: Measure and Improve Performance</b> <ul style="list-style-type: none"> <li>• Expand the survey categories (access, communication, coordination, self-management support, whole person orientation, comprehensiveness, shared decision-making) and practice requirements</li> <li>• Use patient survey results for quality improvement</li> <li>• Involve patients/families in quality improvement</li> </ul> <p><i>Note: Optional Recognition for reporting results using a standardized patient experience survey and methodology.</i></p>
Enhance the use of clinical performance measure results	<b>PCMH 6: Measure and Improve Performance</b> <ul style="list-style-type: none"> <li>• Increase the number of performance measures</li> <li>• Add a requirement to monitor utilization/overuse data</li> <li>• Add a requirement for practices to demonstrate improved PCMH status.</li> </ul>
Integrate behaviors affecting health, mental health and substance abuse	<b>PCMH 1: Enhance Access and Continuity</b> <ul style="list-style-type: none"> <li>• Comprehensive assessment includes depression screening for adolescents and adults</li> </ul>
	<b>PCMH 3: Plan and Manage Care</b> <ul style="list-style-type: none"> <li>• One of three clinically important conditions identified by the practice must be a condition related to unhealthy behaviors (e.g., obesity) or a mental health or substance abuse condition.</li> </ul>
	<b>PCMH 5: Track and Coordinate Care</b> <ul style="list-style-type: none"> <li>• Track referrals and coordinate care with mental health and substance abuse services</li> </ul>
Enhance coordination of care	<b>PCMH 5: Track and Coordinate Care</b> <ul style="list-style-type: none"> <li>• Arrange for information exchange with facilities, including after-hours care providers</li> <li>• Coordinate referrals</li> <li>• Coordinate with community service agencies</li> </ul>

**Table 2: Integration of PCMH 2011 Development Goals Into Standards *continued***

PCMH 2011 Goals	Goal Integration in the Standards
Enhance applicability to pediatric practices	Throughout the standards <ul style="list-style-type: none"> <li>• Incorporate “family” where appropriate</li> <li>• Use “NA for pediatric practices” where appropriate</li> <li>• Use pediatric examples and explanations</li> <li>• Reference Bright Futures</li> </ul>
	<b>PCMH 1: Enhance Access and Continuity</b> <ul style="list-style-type: none"> <li>• Explanation addresses unique pediatric issues, such as teen privacy and guardianship</li> </ul>
	<b>PCMH 2: Identify and Manage Patient Populations</b> <ul style="list-style-type: none"> <li>• Include pediatric clinical data, health assessment requirements and age appropriate immunizations and screenings</li> <li>• Include age-appropriate screenings (e.g., developmental, adolescent depression)</li> </ul>
	<b>PCMH 3: Plan and Manage Care</b> <ul style="list-style-type: none"> <li>• Explanation specifies relevant pediatric clinical conditions, including well-child care and children/youth with special health care needs</li> </ul>
	<b>PCMH 4: Provide Self-Care and Community Resources</b> <ul style="list-style-type: none"> <li>• Population specific referrals includes parenting and respite care</li> </ul>
	<b>PCMH 5: Track and Coordinate Care</b> <ul style="list-style-type: none"> <li>• Communicate with facilities for newborn lab test results</li> <li>• Collaborate to develop a written care plan for patients transitioning from pediatric care to adult care</li> </ul>
	<b>PCMH 6: Measure and Improve Performance</b> <ul style="list-style-type: none"> <li>• Preventive measures include developmental screening, immunizations and depression screening</li> </ul>

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# **Policies and Procedures**



## Policies and Procedures

### Section 1: PCMH 2011 Eligibility and the Application Process

The Patient-Centered Medical Home (PCMH) 2011 Recognition program is NCQA's update of its groundbreaking PPC-PCMH standards released in 2008. This program recognizes eligible *outpatient primary care practices for a duration of three years*. A **practice** is one or more clinicians who practice together and provide patient care at a single geographic location. **Practice together** means that, for all the clinicians in a practice:

- The practice care team follows the same procedures and protocols
- Medical records for all patients treated at the practice site, whether paper or electronic, are available to and shared by all clinicians, as appropriate
- The same systems—electronic and paper-based—and procedures support both clinical and administrative functions, for example: scheduling, treating patients, ordering services, prescribing, maintaining medical records and follow-up
- A facility, such as a rehabilitation facility or a hospital cannot receive PCMH Recognition, however hospital-based primary care practices are eligible.

#### Primary care practices that qualify for PCMH evaluation

- An incorporated group of three clinicians in an office site who use the same systems and staff, as described above.
- An individual clinician, whether sharing an office with other clinicians or not, who maintains his or her own systems.
- A group of clinicians at one location that is part of a larger medical group with several locations.
- A practice within a multi-site group; NCQA defines a multi-site group as 3 or more practice sites using the same systems and processes including an electronic medical record system shared across all practice sites.
- A subset of primary care clinicians within a multi-specialty practice.

#### Eligible primary care clinicians who qualify for PCMH evaluation

- Only clinicians that a patient/family can select as a Personal Clinician are eligible for Recognition and listed on NCQA's website
- Clinicians who are typically eligible for PCMH evaluation include physicians, nurse practitioners and physician assistants who practice in the specialty of internal medicine, family medicine, or pediatrics and with the intention of serving as the personal clinician for their patients
- Clinicians who are not typically eligible for PCMH evaluation include specialty physicians, nurse practitioners and physician assistants who do not have their own panel of patients or who do not practice in primary care
- All eligible clinicians practicing together at practice site applying for recognition must be included in the PCMH Application
- Physician-led practices applying with nurse practitioners or physician assistants:
  - Patients must be able to choose the nurse practitioner or physician assistant as their primary care practitioner
  - Nurse practitioners or physician assistants must have their own panel of patients

**NP-led practices** Nurse practitioner (NP) practices without a physician can achieve NCQA Recognition with the following considerations:

- It is allowed according to the scope of practice determined by state law
- Practices are reviewed against the same requirements as physician-led practices.

Applicants must have an active unrestricted license as a doctor of medicine, doctor of osteopathy, nurse practitioner or physician assistant.

### Fee Schedule Information

NCQA periodically updates the fee schedules applicable to its recognition programs on the program Web site and in the resources published in the application materials. Organizations purchasing a Survey Tool will be notified of changes in the fee schedule 30 days prior to any change. The fee schedule in effect when a practice submits its Survey Tool for evaluation determines the pricing.

An application fee is due for each practice site undergoing a survey and is based on the number of eligible clinicians that intend to be listed for the practice site if they achieve NCQA Recognition. If clinicians are listed at more than one practice site, they are considered in the fee calculation for each site.

There are four fee schedules.

1. **Standard Survey Pricing** applies to a practice applying for the first time or for renewal.
2. **Discounted Survey Pricing** applies to practices that are sponsored by an approved organization and applying for the first time or for renewal.
3. **Multi-Site Group Survey Pricing** includes a multi-site survey fee based on the number of practices and a discounted survey fee for each site included in the group
4. **Add-On Survey or Upgrade Survey Pricing** is only applicable to practices with a current recognition status and allows a practice to advance to a higher level or from PPC-PCMH 2008 to PCMH 2011.

### Sponsoring a PCMH Initiative

A **sponsoring organization or entity** (e.g., a state) encourages its network of physicians, nurse practitioners, physician assistants, practices, members or program participants to achieve NCQA Recognition in return for an additional recognition, promotion or reward. A sponsor can be a health plan, a coalition of plans, a government entity, a business coalition, a collaboration of plans and businesses, a professional organization or a non-profit quality improvement or disease awareness organization. Some sponsors are funded by grants or legislation and are part of a broader health care strategy. NCQA supports these positive collaborations among clinicians and organizations by acknowledging sponsors and offering a discount on application fees.

Potential sponsors should contact NCQA to ensure alignment with NCQA policies and procedures.

- Only eligible clinicians and practices can be accepted for evaluation
- NCQA shares the clinician or practice status with sponsors to the extent authorized by the clinician or practice
- NCQA must approve external communications

NCQA posts the names of sponsors on its Web site and is available to coordinate additional training or orientation programs. The sponsor and practice must identify the approved sponsor on the application to qualify for a discounted application fee.

## The PCMH 2011 Application

NCQA uses a Web-based module (the online application) for the PCMH Recognition application process. Applicants use this system to submit applications and to set up multi-site submissions including multi-site Survey Tool orders.

The online application contains the following components.

- **Account Information.** The practice provides relevant demographic information, including the account name, the contact person, the telephone number and the address of the organization.
- **NCQA Legal Documents.** Before submitting the application, the practice must complete:
  - The PCMH Recognition Program Agreement
  - The HIPAA Business Associate Agreement.
- **Practice Site Information.** The practice provides the name and address of each site in the organization, the sponsor identification (if applicable), the site contact information and the mailing address.
- **Multi-Site Group Self- Assessment Questionnaire.** This determines a practice's group eligibility for the Multi-Site Survey process. It is appropriate for practices with multiple sites that use the same medical record system and processes.
- **Clinician Information.** The practice provides the number and name of each eligible clinician and links them to each practice site where they deliver care. Changes may be made to the clinicians linked to a practice site any time during the recognition period.
- **Application.** The practice provides the license number of the Survey Tool, the important conditions used in the Survey Tool, the practice specialty and practice type (e.g., multi-site, academic medical clinic, residency clinic) for each site for which a survey will be submitted.
- **Important conditions.** The practice identifies three **important conditions** (i.e., conditions with evidence-based clinical guidelines on which the practice concentrates its care management, including chronic or recurring conditions such as otitis media, asthma, diabetes or congestive heart failure, unhealthy behaviors [e.g., obesity, smoking], substance abuse [e.g., drug addiction, alcoholism] or a mental health issue [e.g., depression, anxiety, ADHD]).

When selecting conditions, the practice should consider:

- The most prevalent diagnoses and risk factors seen by the practice
- The importance of care management and self-management support in reducing complications
- The availability of evidence-based clinical guidelines.

The practice enter the three conditions in the online application. These conditions are referenced in the standards when evaluating aspects of care management (*PCMH 3: Plan and Manage Care*) and patient self-management (*PCMH 4: Provide Self-Care Support and Community Resources*).

## The PCMH 2011 Multi-Site Application

The multi-site application process is an option for organizations or medical groups with three or more practice sites that share the same policies and procedures and an electronic health record system (EHR) across all of the practice sites applying for NCQA PCMH 2011 Recognition at one time.

The multi-site application process does not allow organizationwide recognition; instead, it relieves eligible organizations from providing repetitive responses and documentation that would be the same for all sites. This is accomplished by the following:

- An organization partially completes a group Survey Tool for shared responses
- The organization partially completes a site-specific Survey Tool for each site with responses to the remaining elements
- NCQA merges the group and practice site Survey Tool responses after submission to create one fully completed Survey Tool for each site.

### Determine Multi-Site Eligibility

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An organization uses the PCMH online application system to enter the number of sites applying for recognition and answer three eligibility questions. The application system automatically indicates if the organization is eligible based on its responses to the questions.

Eligible organizations can use the online Application Portal to access instructions and FAQs about the application process. These documents are a guide through the multi-site application process and the Survey Tool purchase.

### Multi-Site Survey Tool Submission Options

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**Note:** Multi-site practices should complete the application before purchasing the required Survey Tools.

It is not necessary to purchase all of the required Survey Tools at one time; the organization may purchase them in accordance with the option it selects for submission of the Survey Tools.

**Option 1** Submit the group Survey Tool and wait for the NCQA score and reviewer comments for only that tool. The recognition decision will not be based on the group Survey Tool alone.

**Note:** NCQA strongly recommends that a practice choose this option before submitting the site-specific Survey Tools.

Organizations that choose this option have 12 months from the date of the group Survey Tool submission to submit all of the practice site tools.

Organizations that submit a group Survey Tool under the 2008 PPC-PCMH standards must submit the group Survey Tool by **December 31, 2011**, and must submit the site Survey Tools within 12 months, or by **June 30, 2012**, whichever is earlier.

NCQA will notify organizations in advance of any change to the current process.

**Option 2** Submit the group Survey Tool and one or two practice sites and wait for the final recognition decision on the sites. This is for an organization that wants to see the final recognition decision and the reviewer comments for the sites before it submits the remaining site Survey Tools.

**Option 3** Submit the group Survey Tool and all site tools without waiting for an NCQA score or recognition decision.

## Practice Readiness Evaluation

Practices can conduct a readiness self-evaluation on the PCMH standards and elements before submitting the Survey Tool to NCQA. To be most accurate, the evaluation should thoroughly assess the practice's systems, including responses to questions, completed worksheets (as needed) and evaluation of supporting documentation. The Survey Tool estimates the score for each standard and element and provides an overall preliminary score.

While a practice is conducting its readiness evaluation, NCQA surveyors do not have access to the Survey Tool, any data or any referenced documentation. The information is secure and confidential and for the practice's use only. NCQA has access to the Survey Tool *only* after it has been submitted for review.

## Complete the Application

### **Step 1** *Order the PCMH 2011 Online Application from NCQA.*

PCMH application materials can be obtained at no charge online at <http://www.ncqa.org/Communications/Publications/index.htm> or by contacting NCQA's Customer Support staff at 888-275-7585.

You will receive confirmation e-mails from NCQA with the subjects *Publication Order Confirmation* and *Accessing Your NCQA PCMH Recognition Online Application*. If you do not receive these e-mails, check with the e-mail contact provided at the time of the application order before contacting NCQA.

### **Step 2** *Access the PCMH online application system* by following the instructions in the e-mail with the subject *Accessing Your NCQA PCMH Recognition Online Application*.

Order a PCMH 2011 Survey Tool for each practice site you are submitting for PCMH 2011 Recognition. Refer to *Multi-Site Applications* for information on the multi-site application process.

### **Step 3** *Sign the program agreement and the Business Associate Agreement* electronically or submit signed agreements to NCQA before you submit the application.

### **Step 4** *Submit the online application to NCQA.* You must submit the application before you submit the Survey Tool.

NCQA requires one week to process the application. You will receive a confirmation e-mail from NCQA when we receive your application, and a separate e-mail indicating that your Survey Tool is ready for document upload and survey submission.

### **Step 5** *Submit the application fee* to NCQA before or concurrently with your PCMH Survey Tool. NCQA cannot review your Survey Tool for Recognition until payment is received.

## Complete the Survey Tool

Practices should review the PCMH standards to determine if they performs the functions required by the elements under each standard. To help determine the capabilities of the practice, review the Explanation section of each element.

**Step 1 Respond to questions.** Indicate the response for each factor that corresponds to the practice's capabilities.

**Step 2 Complete the worksheets (if applicable).** Two optional worksheets are attached to the Survey Tool, The Quality Measurement and Improvement Worksheet and The Record Review Workbook. You may need to complete one or both of them.

If you plan to use the worksheets, download them, save them to your computer and label them with the name of your practice. Enter the requested information and then reattach them to the Survey Tool following the directions provided in the Survey Tool.

- **The Quality Measurement and Improvement Worksheet (in Microsoft Word).** The worksheet relates to PCMH 6C and 6D and is a method of documenting quality measurement and improvement efforts.
- **The Record Review Workbook (in Microsoft Excel)—(PCMH 3C, 3D, 4A).** The worksheet is used to document patient medical record reviews. It allows the practice to review selected patient records following NCQA methodology and then enter medical record information in the worksheet for PCMH 3, Elements C and D and PCMH 4, Element A. The worksheet calculates the percentage of patients with documentation of required functions in the medical record. Refer to the *Instructions* tab in the Record Review Workbook for details about patient selection methodology.

An alternative to the Record Review Workbook is a report the practice creates based on a query of their electronic system. Details of the data needed in the report are described in the *Explanations* section of the specified elements.

**Step 3 Attach documentation.** All elements require the practice to attach documents to demonstrate how it meets the elements. Each element provides explanations and describes the documentation required.

NCQA requests that no more than three documents be attached per element. Some elements will only require one document. Multiple document sources may be combined into a single document (e.g., one Word document with several reports or examples or one PDF). The ISS cannot accept documents in HTML format. Information in the documents that meets the standard should be identified or highlighted. Only legible documents will be considered.

The Survey Tool provides instructions for attaching documentation. Once the documents are attached, they are listed in a document library and referenced by element.

Until the Survey Tool is submitted, practices can revise responses, enter comments and update or change the attached documents.

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**Note**

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- Protected health information (PHI), as defined by the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations, must be removed or blocked out from documents submitted, specifically patient identifiers unless the Survey Tool indicates otherwise. To the extent that the Survey Tool requests PHI, NCQA's use and access to this information is governed by the HIPAA Business Associate Agreement.
- Practices may provide Web links to data or Web sites.
- For many elements, the best documentation is a screen shot from a computer the practice uses. Create and then cut and paste the screen shots to a single Word document or scan documents and create a portable document format (PDF). Save Word documents using text boxes to block PHI as read only.

**Step 4 Submit the application and the application fee.**

**Note:** You may not complete your submission until NCQA receives your application and establishes an electronic link between your Survey Tool and the NCQA server.

**Step 5 Upload documents.** This step enables you to upload your attached documents to the NCQA server (similar to attaching a document to an e-mail) for review. The Survey Tool has instructions for uploading documents.

**Step 6 Submit the Survey Tool with the attached documentation.** The date when you submit the Survey Tool to NCQA is the date when NCQA officially begins its survey of your data.

You can view your copy of the completed Survey Tool and all of the attached documents and can modify the Survey Tool for your own purposes, but the official copy sent to NCQA, and all the data in it, are considered final for NCQA evaluation. You will not have access to NCQA's copy of your completed Survey Tool and you cannot change data after submission or view NCQA's review of the results until NCQA has finished.

NCQA sends an e-mail confirming its receipt of the Survey Tool and the start of the evaluation period. NCQA staff review and assess the completeness of application data and Survey Tool materials and might notify you if additional information is required.

All practice locations must submit a PCMH Survey Tool to receive NCQA Recognition and to be listed on NCQA's Web site. NCQA also lists eligible clinicians for practices that receive recognition; an eligible clinician can be listed at more than one practice site. NCQA adds eligible clinicians to an application or removes them during the review process, before the recognition decision. After the decision, the practice must submit updated clinician information to [pcmh@ncqa.org](mailto:pcmh@ncqa.org) if it wants to delete or add additional eligible clinicians. All additional eligible clinicians will be listed on NCQA's Web site.

## Section 2: The Recognition Process

### NCQA Review of the Survey Tool

#### The Offsite Survey

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Trained NCQA internal and external surveyors access the Survey Tool after the practice submits it to NCQA. The surveyors evaluate the responses and documentation against program standards and determine scores for each relevant element and standard. NCQA makes its final scoring decision within 60 days of receiving a completed Survey Tool.

If the practice is one of a group of practices participating in a Multi-Site Survey, NCQA reviews the standards in the Multi-Site Group Survey first and applies the results to all practices in the group, then reviews the Survey Tools with site-specific data.

#### The Audit

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NCQA reserves the right to audit any practice that has applied for NCQA Recognition while the practice's application is under review. An audit validates documentation, stated procedures and responses given by a practice in its application and Survey Tool. NCQA audits 5 percent of practices, either by specific criteria or randomly,<sup>1</sup> before making a decision about whether the practice meets PCMH requirements. Audits may be completed by e-mail, teleconference, Webinar, onsite review or by other electronic means. Failure to agree to an audit, failure to pass an onsite audit or failure to pass an audit of Survey Tool responses and documented elements may result in a status of "Not Recognized."

Practice sites selected for audit are notified and sent instructions. The first level of review is verification of the Survey Tool submitted by the practice. The practice may be asked to forward copies of the source documents and explanations, to substantiate the information in the Survey Tool submitted with its application.

If the application is verified and no issues are discovered, the practice is notified that the audit is complete and the application for Recognition is processed.

If an audit requires an onsite review, NCQA conducts the review within 30 calendar days of notifying the practice of its intent to conduct an audit.

If audit findings indicate that the information submitted by the practice is incorrect or that the documentation does not meet the PCMH standards, the application for NCQA Recognition may be denied, scores may be reduced or additional documentation may be required. NCQA staff notify the practice of audit findings and the recognition decision within 30 days after conclusion of the audit.

A practice whose application for recognition is denied because of an audit may request Reconsideration of the decision. Refer to *Reconsideration* for more information.

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<sup>1</sup>Applications are selected randomly based on a predetermined target to achieve a 5 percent audit rate.

## PCMH 2011 Standards

There are six PCMH standards with one overall score. Each standard consists of several specific elements. Standards evaluate a practice's ability to function as a patient-centered medical home.

1. PCMH 1: Enhance Access and Continuity
2. PCMH 2: Identify and Manage Patient Populations
3. PCMH 3: Plan and Manage Care
4. PCMH 4: Provide Self-Care Support and Community Resources
5. PCMH 5: Track and Coordinate Care
6. PCMH 6: Measure and Improve Performance

## A Standard's Structure

<b>Standard name</b>	Brief statement of the standard's purpose.
<b>Element name</b>	Description of performance being evaluated.
<b>Element</b>	<p>The scored component of a standard that provides details about performance expectations. NCQA evaluates each element in a standard to determine how well the practice meets the element's requirements.</p> <p>Of the 27 elements in PCMH 2011, 6 are must-pass elements. Refer to <i>The Must-Pass Elements</i> in the <i>Overview</i>.</p>
<b>Factor</b>	A scored item in an element. For example, an element may require the practice to demonstrate that its policies and procedures include four specific items; each item is a factor. When an element includes multiple numbered factors, the scoring indicates the number of factors that the practice must meet to achieve each scoring level.
<b>Critical factor</b>	A factor that is required for practices to receive more than minimal or, for some factors, any points. Critical factors are identified in the scoring section of the element.
<b>Scoring</b>	The level of performance the practice must demonstrate to receive a specified percentage of element points. Each element has up to five possible scoring levels (100%, 75%, 50%, 25%, 0%).
<b>Explanation</b>	Specific requirements that the practice must meet and guidance for demonstrating performance against the element. The explanation provides detailed information to the practice about what NCQA looks for, how the element relates to other elements, terms used and the evaluation process.
<b>Examples</b>	<p>Required documentation. Describes the evidence practices need to submit to demonstrate their performance related to specific elements. The list of documentation sources in each element is not prescriptive, nor does it exclude other potential sources. The practice may have acceptable alternative methods that demonstrate performance.</p> <p>The practice must show documentation of policies and processes that have been in place for at least 3 months. Data should be no more than 12 months old.</p>

Practices can use four basic types of documentation to demonstrate performance.

1. **Documented process**—Written statements describing the practice's policies, and procedures. The statements may include protocols or other documents that describe actual processes or forms the practice uses in work flow such as referral forms, checklists and flow sheets.
2. **Reports**—Aggregated data showing evidence of action, including manual and computerized reports the practice produces to manage its operations, such as a list of patients who are due for a visit or test.
3. **Records or files**—Actual patient files or registry entries that document an action taken. The files are a source for estimating the extent of performance against an element. There are two ways to measure this performance:
  - A query of electronic files yielding a count, **or**
  - The sample selection process provided by NCQA—instructions for choosing a sample and a log for reviewing records are in the Record Review Workbook, attached to the PCMH Web-based Survey Tool.
4. **Materials**—Prepared materials the practice provides to patients or clinicians including clinical guidelines and self-management and educational resources such as brochures, Web sites, videos and pamphlets.

### Scoring Guidelines

<b>Elements</b>	The Survey Tool multiplies the element's scoring level by its weight in points to determine the element score. As determined by NCQA and provided for in the explanation within the Standards, some elements may be scored NA if they do not apply to the practice.
<b>Calculating the standard score</b>	The Survey Tool adds the scores received for all elements in a standard to determine the score received for the standard.
<b>Calculating the overall score</b>	The Survey Tool adds the scores received for all standards to determine the final score.

### CMS Meaningful Use Requirements

To the extent possible, the PCMH standards are aligned with the Centers for Medicare & Medicaid Services (CMS) Meaningful Use (MU) requirements. Individual factors are identified in the standards as either Core or Menu MU requirements and are designated with asterisks (i.e., \*Core, \*\*Menu).

Refer to *Appendix 2: NCQA PCMH 2011 and CMS Stage 1 Meaningful Use Requirements* for additional information.

## Final Decision and Recognition Levels

The practice's recognition determination is based on its overall performance (numeric score) against the standards. Each must-pass element must be met at the 50% scoring level.

Recognition Level	Points	Must-Pass Elements
Level 1	35–59 points	6 of 6
Level 2	60–84 points	6 of 6
Level 3	85–100 points	6 of 6

Scoring decision results are shown in the Final Results section of the Survey Tool. This section consists of tabular findings on:

- Scores for each element and standard
- Number of must-pass elements
- The total score.

The NCQA RP-ROC (Recognition Program Review Oversight Committee) reviews findings, makes final scoring decisions and incorporates scores into the final version of the Survey Tool, which generates the practice's results. RP-ROC members are clinicians who have expertise in practice systems and who, as determined by NCQA, have no conflict of interest with the practice.

<b>Certificates</b>	NCQA issues an official Recognition certificate acknowledging that the practice met the standards.
<b>Duration of status</b>	Recognition status lasts three years. A practice that wants to achieve a higher level of recognition status can apply for an Add-On Survey (see below).
<b>Reporting results...</b>	
<i>...To the practice</i>	NCQA gives the practice a final version of the Survey Tool that includes the final status and level, as well as numerical scores and reviewer comments on all elements and all standards.
<i>...To the public</i>	Recognized practices and associated clinicians are added to the list of practices and clinicians on NCQA's Web site ( <a href="http://www.ncqa.org/programs/pcmh">www.ncqa.org/programs/pcmh</a> ). NCQA does not report practices whose status is Not Recognized.
<i>...To organizations</i>	NCQA sends a list of recognized practices and clinicians and the levels they achieve to organizations that reward NCQA PCMH Recognition.

## Recognition Levels

<b>Recognized</b>	All must-pass elements were met and the score determined the level of recognition achieved.
<b>Not Recognized</b>	Indicates that must-pass elements were missed or that the total score was not high enough to pass any level needed to achieve a status of Recognized. NCQA does not report Not Recognized status on its Web site or to any other organization. The practice may reapply after the submission of its original completed application.

## Section 3: Additional Information

### Add-On or Upgrade Survey

Practices have two options to improve their recognition level: add-on or upgrade.

**PCMH 2011 Recognized Practices** Practices that receive Level 1 or Level 2 Recognition status may apply for an Add-On Survey within the 3-year recognition period, to move to Level 2 or Level 3 Recognition. For each Add-On Survey, the practice requests and receives an updated Survey Tool with a new license number to submit data for elements for which it earned a score of 75% or below. NCQA evaluates data for the elements submitted and produces a new total score for the standards.

NCQA evaluates the submitted elements according to the process described in this document and sends the results to the practice. If the practice achieves recognition at a new level, NCQA reports the new level.

**PPC-PCMH Recognized Practices** Practices with Level 2 or 3 Recognition under the 2008 PPC-PCMH standards may apply for an upgrade to the PCMH 2011 standards if it is at least two years before the current status ends. An upgrade does not extend the end date of the current recognition status. Instructions for an upgrade from the **2008 PPC-PCMH** standards to the **PCMH 2011** standards are posted on NCQA's Web site and in the online application materials.

### Renewing Recognition

To acknowledge that practices with current NCQA Level 2 or Level 3 Recognition have taken steps toward practice redesign and have systems in place that enabled their recognition level, NCQA offers a streamlined process for renewal through reduced documentation requirements. Practices that satisfactorily demonstrated basic medical home transformation can focus on more advanced aspects of redesign for their renewal applications.

To take advantage of the reduced documentation requirements for selected elements, renewing practices must follow renewal instructions in the online application materials.

### Reconsideration

A practice may request Reconsideration of any NCQA Recognition Level or Not Recognized status decision. NCQA must receive a Reconsideration request within 30 days after the practice is notified that it has received a specific recognition level or a status of Not Recognized. The practice must describe the reason for requesting the Reconsideration and list standards or elements for which it requests Reconsideration. It may not submit additional documentation at this time, but may state how it believes NCQA misinterpreted the original documentation.

NCQA refers Reconsideration requests to the Reconsideration Committee. The Recognition Programs assistant vice president or Recognition programs director will review the request and make a recommendation to a group of three RP-ROC members who were not involved in making the initial recognition decision and do not have a conflict of interest with the practice; these members will compose the Reconsideration Committee and make a decision on the request. A fee of \$500 or the cost of an Add-On Survey, whichever is less, is required at the time of request for Reconsideration.

The Reconsideration Committee reviews paper documentation from the practice and all information in the Web-based Survey Tool. The Reconsideration Committee's decision is final and is sent to the practice in writing. There is no further right of appeal.

## Applicant Obligations

By submitting the PCMH application to NCQA, the applicant agrees to the following.

- To the best of its knowledge and belief, the information submitted for survey is correct and was obtained using procedures specified in the PCMH Survey Tool and PCMH Policies and Procedures
- To release the information to NCQA that NCQA deems pertinent.
- To hold NCQA, its directors, officers, employees, agents and representatives harmless from any claims related to 1) third party claims for malpractice or injury by the practice; 2) the practice's failure to achieve desired results under the PCMH survey; and 3) payment and network decisions made by third parties based on the practice's status as PCMH Recognized.
- To abide by the terms of the signed application agreement and the guidelines for advertising PCMH Recognition, these procedures and instructions and all other published NCQA policies, procedures and rules.
- To notify NCQA of the final determination by a state or federal agency with respect to an investigation, request for corrective action, imposition of sanctions or changes in licensure or qualification status. Such notification must be sent to NCQA no later than 30 days after the practice receives notice of such action.
- To accept all NCQA determinations regarding the practice's PCMH status.
- To agree that NCQA makes no warranties or representations to others and that the provision of health care advice is solely the responsibility of the clinician or practice or a third party.
- To agree that a PCMH status by NCQA does not constitute a warranty or any other representation by NCQA to any third parties (including, but not limited to, employers, consumers or payers) regarding the quality or nature of the health-related services provided or arranged for by the clinician or practice.
- To agree that any information created as a part of the PCMH survey of the practice by NCQA shall be kept confidential, except as indicated in the section *Reporting Results*, unless otherwise agreed to by NCQA.
- To agree that the PCMH program is not a replacement for a practice's evaluation, assessment and monitoring of its own services and programs.
- To not misrepresent its PCMH status (including, but not limited to, the scope and meaning of such status as defined herein) or suggest that it has received a PCMH status by NCQA when such representation is not accurate.
- To notify NCQA of any material changes in the structure or operation of the practice, or merger, acquisition or consolidation of the practice in accordance with these Policies.
- Notify NCQA of any change in submitted clinicians listed with the Recognition of the practice.

If NCQA identifies a deficiency in a practice's operations that poses a threat to patient or public health or safety, it may notify the applicable regulatory agencies, following notice to the clinician or the chief executive officer or medical director of the group.

## **Discretionary Survey**

At its discretion, NCQA may review a practice while a Recognized status is in effect. The purpose of such a review is to validate the appropriateness of an existing Recognition decision. The decision to initiate a Discretionary Survey is made by the Vice President of Product Delivery who oversees PCMH program operations, and the NCQA general counsel.

**Structure** Discretionary Surveys are specifically targeted to address issues indicating that a practice may not continue to meet the NCQA standards that were in effect at the time of Recognition. The scope and content of the review are determined by NCQA. Discretionary Surveys may consist of an offsite document review, an onsite review or a teleconference.

If a Discretionary Survey requires an onsite review, NCQA conducts the review within 60 calendar days of the notification by NCQA of the intent to conduct a Discretionary Survey.

## **Revoking Decisions**

NCQA may revoke a PCMH decision if:

- The practice submits false data
- The practice misrepresents the credentials of any clinician
- The practice misrepresents its PCMH status
- Any of the practice's clinicians experiences suspension or revocation of professional licensure
- The practice has been placed in receivership or rehabilitation and is being liquidated
- State, federal or other duly authorized regulatory or judicial action restricts or limits the practice's operations
- NCQA identifies a significant threat to patient safety or care.

When communicating with patients, third-party payers, health plans and others, practices who receive PCMH Recognition may represent themselves as having been Recognized by NCQA for meeting PCMH standards, but may not characterize themselves as "NCQA approved," "NCQA endorsed," or "NCQA Certified." The use of this mischaracterization or other similarly inappropriate statements is grounds for revocation of status.

## **Mergers, Acquisitions and Consolidations**

Recognized practices must report to NCQA any merger, change in practice location, acquisition or consolidation activity in which they are involved. NCQA considers the circumstances and determines the need for additional information and for a further evaluation.

## **Revisions to Policies and Procedures**

At its sole discretion, NCQA may amend any PCMH policy and procedure. Notice of and information about modifications or amendments are sent to practices 30 calendar days before the effective date of the modification or amendment. Practices that do not agree with policy changes may withdraw from the Recognition program, but fees paid to NCQA will not be refunded.

**Disclaimer**

A recognition decision and the resulting status designation are based on the exercise of NCQA's professional evaluative judgment and the determination of the ROC.

NCQA is not bound by any numerical or quantitative scoring system or other quantitative guidelines or indicators that in its sole discretion it may have used, consulted or issued to assist surveyors and others during the course of the evaluative process.

**NCQA RECOGNITION DOES NOT CONSTITUTE A WARRANTY OR ANY OTHER REPRESENTATION BY NCQA TO THIRD PARTIES (INCLUDING, BUT NOT LIMITED TO, EMPLOYERS, CONSUMERS OR PATIENTS) REGARDING THE QUALITY OR NATURE OF THE HEALTH SERVICES PROVIDED OR ARRANGED FOR BY THE PRACTICE. THE PROVISION OF MEDICAL CARE IS SOLELY THE RESPONSIBILITY OF THE PRACTICE AND ITS CLINICIANS. RECOGNITION IS NOT A REPLACEMENT FOR THE PRACTICE'S EVALUATION, ASSESSMENT AND MONITORING OF ITS PROGRAMS AND SERVICES.**

